



Maui's Native Hawaiian Health Care System
KEIKI CLINICAL INTAKE FORM

To use the submit feature, you must first download the form, complete, then submit

Date: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____

CURRENT MEDICAL CARE:

1. Who is your child's Primary Care Provider (PCP)? _____

2. When was the last time your child visited their PCP? Within the year More than one year ago Don't know

3. List any hospitalizations or surgeries your child has had:

4. List your child's current medications/supplements/traditional remedies/. (Include dosage and frequency)

Parent/Guardian Signature

Date

For Office Use Only:

Height:	Weight:	BMI:	Growth %:	BP:	P:	O ₂ :	Temp: